## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 03, 05</b>		(X3) DATE SURVEY COMPLETED		
		155167	B. WING _				⋜ <b>25/2013</b>
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE NORTH				110	REET ADDRESS, CITY, STATE, ZIP CODE 50 PRESBYTERIAN DR DIANAPOLIS, IN 46236		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 0	00}			
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/26/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 10/25/13  Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600  Surveyor: Mark Caraher, Life Safety Code Specialist  At this PSR survey, Westminster Village North Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, and 410 IAC 16.2. Building 0101 was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was surveyed as three separate buildings due to the construction dates of three sections of the building. Building 0101 built in 1974 was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. Building 0101 resident sleeping rooms were provided with battery operated smoke detectors. The facility has a capacity of 123 and had a census of 104 at the time of this survey.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155167	B. WING		R <b>10/25/2013</b>	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
{K 000}	were sprinklered and services were sprinkle Quality Review by Ro	ents have customary access all areas providing facility	{K 000	}		
{K 000}	Code Recertification a	t (PSR) to the Life Safety and State Licensure Survey 3 was conducted by the nent of Health in	{K 000	}		
	Inc. was found in comfor Participation in Me Subpart 483.70(a), Li 2000 Edition of the Na Association (NFPA) 1	084 5167 4600				
	New Health Care Occ This one story facility buildings due to the c sections of the buildin Wing, identified as Bu was determined to be	surveyed as three separate onstruction dates of three ag. The Administration wilding 0103, built in 2005				

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		155167	B. WING _			R <b>10/25/2013</b>
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236		10/23/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{K 000}	corridors and in all a The facility has a cal census of 104 at the All areas where resis were sprinklered and services were sprink A Post Survey Revis Code Recertification conducted on 08/26/ Indiana State Depar accordance with 42  Survey Date: 10/25/ Facility Number: 00 Provider Number: 1 AIM Number: 10028  Surveyor: Mark Car Specialist  At this PSR survey, Inc. was found in cor for Participation in M Subpart 483.70(a), L 2000 Edition of the M Association (NFPA) Building 0105 was s New Health Care Oc This one story facility identified as Building was determined to b construction and full a fire alarm system w corridor and in all are	with smoke detection in the reas open to the corridor. Deacity of 123 and had a time of this survey.  Idents have customary access a all areas providing facility lered. Sit (PSR) to the Life Safety and State Licensure Survey 13 was conducted by the timent of Health in CFR 483.70(a).  In the safety Code westminster Village North mpliance with Requirements redicare/Medicaid, 42 CFR safety from Fire and the sational Fire Protection 101, and 410 IAC 16.2. Surveyed with Chapter 18, secupancies.	{K 0	00}		

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		455467	B. WING			R	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE NORTH			B. WING	STREET ADDRESS, CITY, STATE, ZIP ( 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236	CODE	10/25/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOI TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	the fire alarm system sleeping rooms. The 123 and had a censu survey.  All areas where resid	installed in all resident facility has a capacity of s of 104 at the time of this ents have customary access all areas providing facility	{K 0				